

## Health Care Access and Chronic Disease Results from the 2013 Indiana BRFSS

The Indiana State Department of Health received 2012 Prevention and Public Health Funds through the Centers for Disease Control and Prevention (CDC) to include the Health Care Access Module in the 2013 Indiana Behavioral Risk Factor Surveillance System (BRFSS) survey. The BRFSS is an annual random digit-dial telephone (landline and cell) survey of non-institutionalized adults ages 18 years and older. The survey is conducted through a cooperative agreement between state departments of health and the CDC, and all states and the District of Columbia participate.

The Health Care Access Module obtained information on health insurance coverage, doctor visits, not being able to take medication as prescribed due to cost, satisfaction with care received, and if any medical bills were being paid off over time. The July 2014 BRFSS newsletter provided an overview of the results from the Health Care Access Module.

According to *Healthy People 2020*, access to health care impacts:

- Overall physical, social, and mental health status
- Prevention of disease and disability
- Detection and treatment of health conditions
- Quality of life
- Preventable death
- Life expectancy

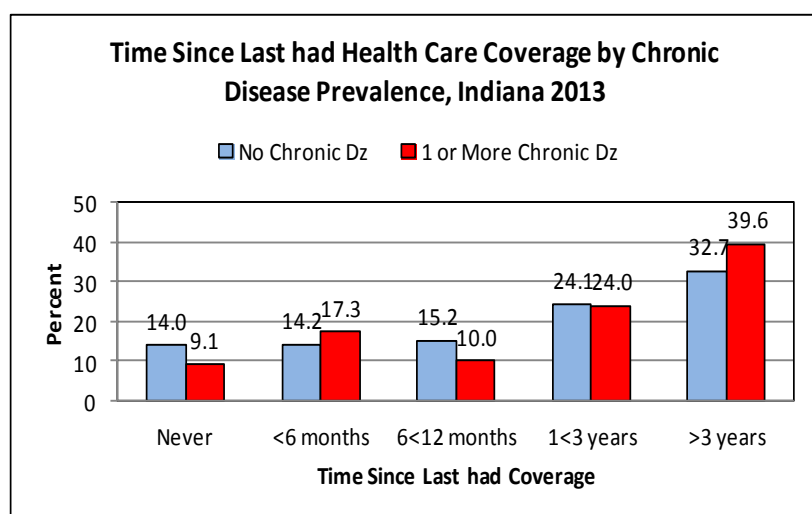


Adequate access to medical care, including preventive services, can reduce premature morbidity and mortality, as well as enhance overall quality of life. Delays in health care can lead to poorer health outcomes and higher medical costs over time. Since more than 96% of adults age 65 years and older reported having Medicare, this newsletter focuses on adults ages 18-64 years.

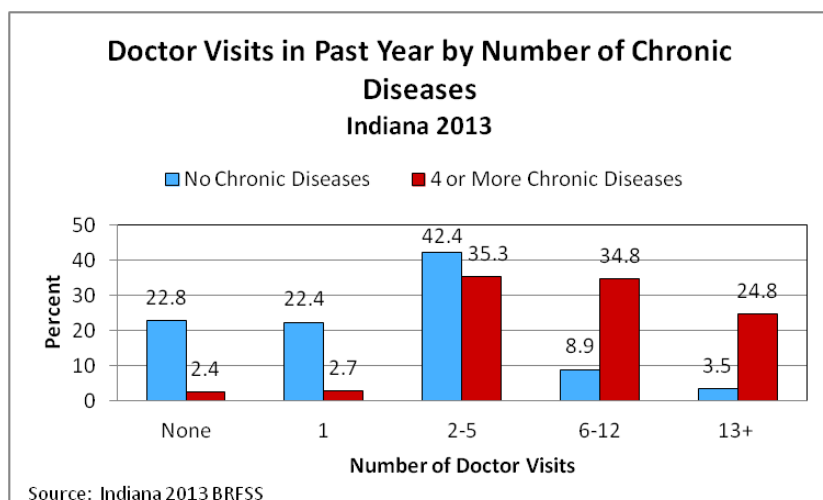
Chronic diseases and conditions are among the most common, costly, and preventable of all health problems (CDC). Deaths from cancer and heart disease made up 46% of deaths among Indiana residents in 2012. Almost 50% (47.3%) of adults ages 18-64 years of age reported they had at least one chronic disease (heart, hypertension, stroke, cancer, arthritis, kidney, diabetes, asthma or chronic obstructive pulmonary disease), corresponding to an estimated 1.9 million Indiana adults.

Respondents were asked if they were currently covered by health insurance or health coverage plans. Overall, 20.7% of respondents reported not being currently covered, and for those with one or more chronic disease, the prevalence of not being currently covered ranged from 9.3% (skin cancer) to 28.0% (chronic obstructive pulmonary disease). Respondents who had coverage were also asked if there was any time in the past 12 months that they did not have any health insurance or coverage, and if they responded 'yes', they were asked how long it had been since they last had health care coverage. For those who had no health care coverage any time in the past 12 months, there were no significant differences between those without a chronic disease and those with more than one in the time since they last had health care coverage (Figure 1).

**Figure 1**



**Figure 2**



Doctor visits are important, especially when managing a chronic disease. Respondents with four or more chronic diseases were less likely than those without a chronic disease to have one or no visits in the past year, and more likely to have six or more visits (Figure 2). However, respondents with two or more visits were more likely than those with one or no visits to report they were paying off bills over time (see page 3).

A prescription medication or medications may be prescribed for a chronic disease. Overall, those who did not have health care coverage in the past 12 months were more likely than those with health care coverage to report not being able to take their medication as prescribed because of cost (19.5% vs. 7.3% respectively).

Respondents with one or more chronic diseases were more likely than those without chronic disease to report not being able to take their medication as prescribed because of cost (16.3% vs. 5.1%, respectively).

Approximately 4% of respondents with at least one chronic disease reported they did not have any prescribed medication, compared with 15.6% of those without a chronic disease.

Respondents were asked if they currently had any medical bills that are being paid off over time. Overall, an estimated 26.5% of adults reported they were paying off medical bills. Adults with a chronic disease were more likely than those without to have medical bills being paid off over time (Figure 3).

Respondents with 2-5 (26.2%), 6-12 (37.2%), and 13 or more (44.5%) doctor visits in the past year were more likely than those with one (19.6%) or no visits (16.1%) to report having medical bills that were being paid off over time. Respondents were also asked if they had delayed getting needed medical care for a reason other than cost in the past 12 months. Those without a chronic disease were more likely than those with one or more to report they did not delay getting medical

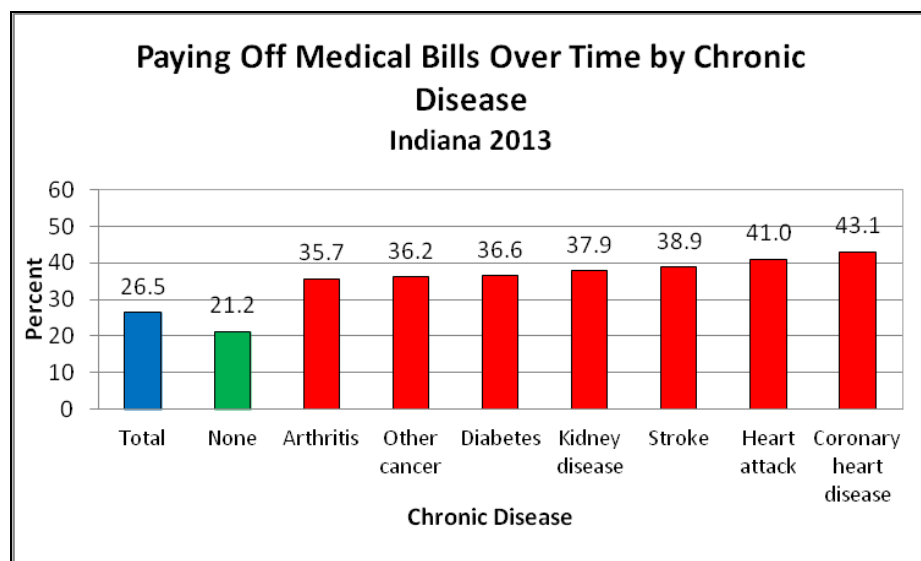
care or did not need medical care or did not need medical care (85.5% vs. 80.3%, respectively).

There were no differences between those with and without chronic diseases in the level of satisfaction with the health care they received: very satisfied (63.9% for those with no chronic diseases; 60.1% for those with one or more); somewhat satisfied (30.9% for those with no chronic conditions; 35.1% for those with one or more); and not at all satisfied (5.2% for those with no chronic conditions; 4.9% for those with one or more).

For additional information on finding health care, please visit the Indiana Family and Social Services Administration at <http://www.in.gov/fssa/index.htm> or the federal Health Resources and Services Administration at <http://www.hrsa.gov/getthehealthcare/index.html>.

About the BRFSS: The BRFSS survey uses a complex sample design to randomly select respondents with either listed or unlisted landline and cell telephones. State health departments conduct the BRFSS surveys continuously through the year using a standardized core questionnaire and optional modules. The BRFSS is the sole source of state-level health risk factors, behaviors and prevalence of certain chronic conditions. The BRFSS relies on self-reported data. This type of survey has certain limitations that should be understood when interpreting the data. Respondents have the tendency to underreport behaviors that may be considered socially unacceptable, such as smoking and driving after drinking alcohol. Conversely, respondents may overreport behaviors that are desirable, such as physical activity. The differences reported in this newsletter are statistically significant ( $p < 0.05$ ) unless otherwise noted.

**Figure 3**



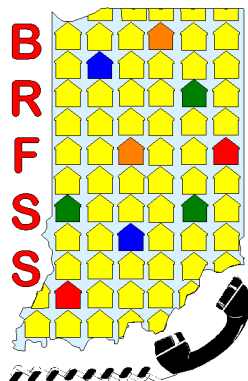


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